

**Arizona State Parks**  
**1300 West Washington, Phoenix, AZ 85007**  
**Phone: 602-542-4174 Fax: 602-542-4188**

**PRE-PERMIT-APPLICATION for Commercial Filming/Still Photography**

**NAME OF PARK:** \_\_\_\_\_ **LOCATION IN PARK** \_\_\_\_\_

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow 14 business days for processing this request through to the actual permit for small group shoots and 30 days for filming with groups of more than six participants. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit will require the payment of cost recovery charges, a location fee, and proof of \$1 million dollar General liability insurance, naming the Arizona State Parks Board as insured is required.

Applicant:	Company:
ID required at gate.	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
E-mail:	E-mail:

Project name:	Producer:
Location manager:	Photographer:
Telephone #:	Director:
Cell phone #:	Insurance company:
E-mail:	

**TYPE OF PROJECT:** ☐ Stills, editorial ☐ Stills, advertising ☐ stills, other ☐ stock photo/video/film  
☐ Feature Film /TV Movie ☐ TV Series/Pilot ☐ Documentary/Travelogue ☐ Commercial  
☐ Music Video ☐ Infomercial ☐ Industrial ☐ Public Service Announcement  
☐ Other, explain \_\_\_\_\_

Will there be sound recording ☐ Yes ☐ No

Night work: ☐ No ☐ Yes, explain

**Detailed description of on-site activities** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Talent comprise anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, Arizona State Parks and concessioner staff, etc.

**Do you intend to utilize talent?** ☐ Yes ☐ No

If yes, provide a full description of who they are and how they will be utilized:

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**LOCATION SCHEDULE:**

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM PREP	STRIKE	# of cast & crew*
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*number in this column should include all individuals present at the location**

How will individuals with access to the site be identified? (Identification tags are recommended.)

Electrical needs, explain \_\_\_\_\_ Generator: ☐ No ☐ Yes, size \_\_\_\_\_

Sanitation Needs: Trash disposal yes/no explain: \_\_\_\_\_

Restrooms: yes/no explain: \_\_\_\_\_

Lighting: ☐ None ☐ Reflectors only ☐ Yes (explain) \_\_\_\_\_

Road Use: \_\_\_\_\_ Date/time: \_\_\_\_\_

☐ Closure requested

☐ Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on median ☐ Other

(explain) \_\_\_\_\_ potential off-road activities ? \_\_\_\_\_

**OPERATIONAL INFORMATION:****Type and Number of vehicles:**

Personal Cars \_\_\_\_\_ Large Trucks \_\_\_\_\_ Other Trucks \_\_\_\_\_ Vans \_\_\_\_\_ Motor homes \_\_\_\_\_

Semi-Tractor Trailers \_\_\_\_\_ Camera Car \_\_\_\_\_ Picture Cars \_\_\_\_\_ Dressing Rooms \_\_\_\_\_

Other Vehicles \_\_\_\_\_

(explain) \_\_\_\_\_ **Large or oversized****vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage to park resource occurs.****List all vehicles to access park property (attach additional sheets if necessary):**

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #

Base Camp location (attach diagram if necessary:) \_\_\_\_\_

**CATERING INFORMATION**

Catering Co. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

On-site Manager \_\_\_\_\_ Food License Information: \_\_\_\_\_

Equipment: \_\_\_\_\_

**SPECIAL ACTIVITIES:**Children: ☐ None ☐ Yes # of Children \_\_\_\_\_ Age Range \_\_\_\_\_Animals: ☐ None ☐ Yes (explain) \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Aircraft: ☐ No ☐ Yes (explain) \_\_\_\_\_

Special Effects: (identify) \_\_\_\_\_

Effects Technician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

License # (if applicable) \_\_\_\_\_ Permit # (if applicable) \_\_\_\_\_

Stunts: (explain) \_\_\_\_\_

Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Pyrotechnics:

Pyrotechnist name: \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Permit # \_\_\_\_\_

Any other unusual or hazardous activities? explain

Are you familiar with/ have you visited the requested area? ☐ Y ☐ N

Have you obtained a permit from the Arizona State Parks in the past? ☐ Y ☐ N

(If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event? ☐ Y ☐ N

**ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT REQUEST INCLUDING:** set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).

**CONTACTS:**

**Person on location responsible for company's adherence to all terms & conditions of a Film Permit:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person on location responsible for coordinating activities with the ASP:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person at the company office to contact for follow up information and billing:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

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Information provided in this application will be used to determine whether a permit will be issued. This completed application should be emailed to the park manager and [pio@azstateparks.gov](mailto:pio@azstateparks.gov) as soon as possible. The Park Manager will determine if the shoot will be allowed after reading the application.

If approved, the fee assignment for the proposed photo/video shoot will be due with the insurance paperwork prior to the date of arrival or the shoot will not be allowed. Your permit fee in the form of a cashier's check or money order is made payable to **Arizona State Parks** and mailed to the State Park Manager.